

12439-176 JFW

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

<b>Application Number</b>	10/715,683	
	<b>Filing Date</b>	November 17, 2002
	<b>First Named Inventor</b>	Mathieu, et al.
	<b>Art Unit</b>	2839
	<b>Examiner Name</b>	Neil Abrams
<b>Attorney Docket Number</b>	P75D1-US	
<b>Total Number of Pages in This Submission</b>		

**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<b>Remarks</b>		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

<b>Firm Name</b>	Kirton & McConkie		
<b>Signature</b>			
<b>Printed name</b>	N. Kenneth Burraston		
<b>Date</b>	May 27, 2005	<b>Reg. No.</b>	39,923

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<b>Signature</b>			
<b>Typed or printed name</b>	N. Kenneth Burraston	<b>Date</b>	May 27, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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*Kenneth Burraston*  
Kenneth Burraston

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Appl. No. : 10/715,683  
Applicant : Mathieu, et al.  
Filed : November 17, 2003  
TC/A.U. : 2839  
Examiner : Neil Abrams

Confirmation No. 7298

Docket No. : P75D1-US

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**FEE TRANSMITTAL**

To Whom It May Concern:

**1. Total Fee Paid: \$300.00****2. Method of Payment:**

☒ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None  
☐ Deposit Account

Account Number 50-0843  
Account Name Kirton & McConkie

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit overpayments  
☒ Charge any additional fee(s) or any underpayment of fee(s)

to the above-identified deposit account.

**3. Fee For Extra Claims:**

Extra Claims					Fee/Claim		Fee Paid
Total Claims	17	32*	4	x	50	=	0
Indp. Claims	4	8**	0	x	100	=	0
Multiple Dependent Claims			0	x	0	=	0

\* 20 or highest number of total claims previously paid for.

\*\* 3 or highest number of independent claims previously paid for.

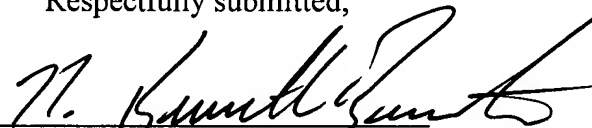
**4. Additional Fees:**

Fee Description	Fee Paid
Surcharge – late filing fee or oath (\$130)	
Extension of one month (\$120)	120.00
Extension of two months (\$450)	
Extension of three months (\$1020)	
Extension of four months (\$1590)	
Extension of five months (\$2160)	
Notice of Appeal (\$500)	
Filing appeal brief (\$500)	
Request for oral hearing (\$1000)	
Submission of IDS (\$180)	180.00
Record patent assignment (\$40)	
RCE (\$790)	
Fee for Terminal Disclaimer (\$130)	
Other:	

Respectfully submitted,

Date: May 27, 2005

By



N. Kenneth Burraston  
Reg. No. 39,923

Kirton & McConkie  
1800 Eagle Gate Tower  
60 East South Temple  
P.O. Box 45120  
Salt Lake City, Utah 84111-1004  
Telephone: (801) 323-5934  
Fax: (801) 321-4893